

MHN

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Northern District of Georgia 600 East First Street #304 Rome, Georgia 30161</p>		<p>B. Received by (Printed Name) J. ACKER</p> <p>C. Date of Delivery 5/15/08</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, give delivery address below: <input type="checkbox"/> No</p>	
		<p><b>FILED</b> JUN 5-22-2008 MAY 22 2008 MICHAEL W. DOBINS CLERK, U.S. DISTRICT COURT Express Mail Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COURT</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7004 2510 0000 9119 0650</p>		<p>08CR 357</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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